Optic Atrophy Due to Mumps.—H. DOR (Lyons) reports two cases of optic atrophy following mumps, in which no other probable cause could be discovered. In one the visual disturbance was not noted for several months after the attack of mumps. In the other vision was markedly reduced in one month, and two months later the case had gone on to advanced atrophy. —*Transactions of the Thirteenth International Medical Congress.*

Iritis and Keratitis Due to Mumps.—A. PECHIN (Paris) reports the case of a young recruit who suffered a severe and prolonged attack of mumps which began the middle of February. When the patient left the hospital on April 6th there was still considerable swelling of the parotids. The latter part of April he noticed impairment of vision and redness of the eyeball, but without pain, photophobia, or excessive lacrymation. When seen the last of May there was well-marked iritis in both eyes, with some corneal infiltration in the right. Under general treatment, with atropine and hot compresses to the eyes, there was slow improvement, with restoration of full vision in the left, and V. 1/2 in the right.—*Recueil d'Ophtalmologie*, June, 1901).

Ocular Mumps.—Under this title, SENDRAL, Physician-Major in the French Army, gives a general review of the eye lesions that attend this disease. The most common is inflammation of the conjunctiva, with a strong tendency to chemosis, but with very little discharge; it is often accompanied by œdema. In a certain proportion of cases the cornea participates in the inflammation.

The lacrymal glands are liable to involvement along with the salivary glands, presenting an inflammation of much the same character.

The optic nerve may be the seat of congestion or pronounced inflammation, with temporary impairment of vision, and in rare cases this condition may be followed by optic atrophy. (See Dor's case above.) He finds that these ocular complications are much more likely to arise in adults than in children.—*Recueil d'Ophtalmologie*, February, 1901).

[The ocular complications of mumps are probably more common than is generally realized, the involvement of the conjunctiva along with other mucous membranes being the only one usually mentioned in descriptions of this disease. The fact that mumps frequently occur without the nature of the attack being recognized, and even without the patient coming under the observation of a physician, is a reason for special care not to overlook this origin for obscure disease of the eyes.—ED.]

Metastatic Ophthalmia in Pneumonia.—P. PETIT (Rouen) reports a case of bilateral conjunctivitis, and serpiginous ulcer of the right cornea, and panophthalmitis of the left eye. The patient, a woman seventy-nine years of age, had been sick for two weeks before entering the hospital. She came with both lungs somewhat involved, although the principal lesion was in the base of the right. Ten days later there was a conjunctivitis, with moderate discharge, and the cornea of the right eye became involved. One week after that the left eye exhibited œdema of the lids, exophthalmos, chemosis, haziness of the cornea, and slight hypopyon, tenderness of the globe and increased tension. Vision was reduced to light perception. Subsequently the right cornea perforated, but in the left eye the inflammatory symptoms subsided. The patient died six weeks after admission to the hospital.

The case appeared to be one of general pneumococcus infection, this microorganism being found in the various lesions, both pulmonary and ocular.—*Annales d' Oculistique*, September, 1901.

Postpartum Metastatic Panophthalmitis.—W. L. PYLE (Philadelphia) reports a case of this now rare disease.

The patient had a prolonged labor and instrumental delivery, followed by severe pain in the abdomen, high fever, and delirium. On the tenth day the right eye became inflamed and continued in that condition. When the patient was first seen, two and a half months later, although the cornea was clear and the iris not greatly altered in appearance, the eye was already atrophic. On microscopical examination it was impossible to determine whether the processes had originated in the choroid or retina and no microorganisms were detected by the Gram-Weigert method.—*Proceedings of the Philadelphia County Medical Society*, April, 1901.

[This condition, happily now rare, was far more common before the application of antiseptic principles in midwifery. J. Schöbl, in his recent article on "Diseases of the Retina," speaks of having, "concerning this eye affection, experiences as numerous as they are sad." He served in the Obstetric Clinic and in the Eye Clinic at Prague, and says: "I remember several days during which I saw daily more than twenty individuals suffering from puerperal fever, of whom four or five had metastatic eye disease."

In spite of the great change for the better, cases of the kind still occur, and there is danger in the presence of the serious primary disease that the eye complications may be overlooked or neglected—ED.]

Visible Blood Current in the Retinal Veins in Leukæmia.—K. GRUNERT (Tübingen) reports the ophthalmoscopic observation of a distinct visible movement of the blood-current in the retinal veins in a case of severe leukæmia. The patient, a woman, aged thirty-eight years, showed red corpuscles reduced to about 2,000,000 and the proportion of white corpuscles increased to 1 : 2.8. Vision was good—5/6 in each eye. But severe neuroretinitis was present, each nerve entrance being covered by a swelling double its diameter, and extending six or seven dioptries into the vitreous. By close observation of the erect image there could be seen in the thicker venous trunks a distinct blood current, a fine drizzle (Rieseln), as if sand were rapidly moved in a red glass tube. The blood movement was naturally confined to the centripetal current obstructed at the papilla. In the smaller veins and in the arteries no such current was noticed. There was no appearance of pulsation.

The visible blood current has been observed with the ophthalmoscope in the eyes of fish and some of the other lower animals. The blood corpuscles in such animals are much larger than in man, and the amplification of the ophthalmoscopic image is also greater. Grunert explains the appearance in his case by the greatly increased proportion of the larger blood cells, the leucocytes, and by the fact that these larger blood cells would predominate